

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

20

Filer ID

000 90570

1 NAME

TITLE: FIRST; MI

Meli Carrion

NICKNAME: LAST; SUFFIX

Powers

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

San Antonio, TX 78209

3 TELEPHONE NUMBER

AREA CODE

PHONE NUMBER; EXTENSION

()

4 REASON FOR FILING STATEMENT

☒

CANDIDATE

Bexar County Criminal District Attorney

(INDICATE OFFICE)

☐

ELECTED OFFICER

(INDICATE OFFICE)

☐

APPOINTED OFFICER

(INDICATE AGENCY)

☐

EXECUTIVE HEAD

(INDICATE AGENCY)

☐

FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT

☐

STATE PARTY CHAIR

(INDICATE PARTY)

☐

OTHER

(INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE

DEPENDENT CHILD 1

2.

3.

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) EMPLOYER Bexar County ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] San Antonio, TX 78205 POSITION HELD Division Chief, DA Office ☐ SELF-EMPLOYED NATURE OF OCCUPATION	

INFORMATION RELATES TO	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] San Antonio, TX 78209 POSITION HELD ☒ SELF-EMPLOYED NATURE OF OCCUPATION Attorney	

STOCK**PART 2**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 BUSINESS ENTITY	NAME Amazon	
3 STOCK HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
5 IF SOLD	☐ NET GAIN ☐ NET LOSS	

BUSINESS ENTITY	NAME Apple	
STOCK HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD	☐ NET GAIN ☐ NET LOSS	

BUSINESS ENTITY	NAME Apple	
STOCK HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
IF SOLD	☐ NET GAIN ☐ NET LOSS	

STOCK

PART 2

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List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 BUSINESS ENTITY	NAME Tesla	
3 STOCK HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
4 NUMBER OF SHARES	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ LESS THAN 10K ☐ 10,000 OR MORE	
5 IF SOLD	☐ NET GAIN ☐ NET LOSS	

MUTUAL FUNDS**PART 4**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 MUTUAL FUND	NAME Target enrollment 2032/2033	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE	
5 IF SOLD	☐ NET GAIN ☐ NET LOSS	

MUTUAL FUND	NAME MissionSquare MP Long Term Growth	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE	
IF SOLD	☐ NET GAIN ☐ NET LOSS	

MUTUAL FUND	NAME MissionSquare MP Traditional Growth	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE	
IF SOLD	☐ NET GAIN ☐ NET LOSS	

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 MUTUAL FUND	NAME Mission Square MP Conservative Growth	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE	
5 IF SOLD	☐ NET GAIN ☐ NET LOSS	

MUTUAL FUND	NAME vanguard 500 index admiral	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☒ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE	
IF SOLD	☐ NET GAIN ☐ NET LOSS	

MUTUAL FUND	NAME Target retirement 2035	
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	☒ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE	
IF SOLD	☐ NET GAIN ☐ NET LOSS	

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 MUTUAL FUND	NAME Vanguard Target Enrollment Portfolio 2032/2033	
3 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
4 NUMBER OF SHARES OF MUTUAL FUND	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☒ 1,000 TO 4,999 ☐ 5,000 to 9,999 ☐ 10,000 OR MORE	
5 IF SOLD	☐ NET GAIN ☐ NET LOSS	

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS**PART 5**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$1,110 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 SOURCE OF INCOME ☐ Publicly held corporation	NAME AND ADDRESS Casa Roja Frio LLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] San Antonio, TX 78209	
3 RECEIVED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
4 AMOUNT	At least \$11,120 but less than \$22,240	

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
3 STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  San Antonio, TX 78228	
4 DESCRIPTION ☒ LOTS ☐ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Bexar	
5 NAMES OF PERSONS RETAINING AN INTEREST ☒ NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD ☐ NET GAIN ☐ NET LOSS		

INTERESTS IN REAL PROPERTY

PART 7A

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1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
3 STREET ADDRESS ☐ NOT AVAILABLE ☒ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] San Antonio, TX 78209	
4 DESCRIPTION ☐ LOTS ☒ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 0.70000 acres Bexar	
5 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Rocket Mortgage LLC	
6 IF SOLD ☐ NET GAIN ☐ NET LOSS		

INTERESTS IN REAL PROPERTY**PART 7A**

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1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
3 STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE ██████████ Concan, TX 78838	
4 DESCRIPTION ☐ LOTS ☒ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 acres Uvalde	
5 NAMES OF PERSONS RETAINING AN INTEREST ☐ NOT APPLICABLE (SEVERED MINERAL INTEREST)	Newrez Mortgage LLC	
6 IF SOLD ☐ NET GAIN ☐ NET LOSS		

INTEREST IN BUSINESS ENTITIES**PART 7B**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 HELD OR ACQUIRED BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
3 DESCRIPTION	NAME AND ADDRESS ☐ (Check if Filer's Home Address) Law Offices of Brian Powers [REDACTED] San Antonio, TX 78209	
4 IF SOLD	☐ NET GAIN ☐ NET LOSS	

HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS ☒ (Check if Filer's Home Address) Casa Roja Frio LLC [REDACTED] San Antonio, TX 78209	
IF SOLD	☐ NET GAIN ☐ NET LOSS	

OWNERSHIP OF BUSINESS ASSOCIATIONS**PART 11A**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570									
2 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check If Filer's Home Address) Law Office of Brian Powers [REDACTED] San Antonio, TX 78209										
3 BUSINESS TYPE	<table><tr><td>☐ Corporation</td><td>☐ Limited Partnership</td><td>☐ Profesional Association</td></tr><tr><td>☐ Firm</td><td>☐ Limited Liability Partnership</td><td>☐ Joint Venture</td></tr><tr><td>☐ Partnership</td><td>☐ Professional Corporation</td><td>☒ Other</td></tr></table>		☐ Corporation	☐ Limited Partnership	☐ Profesional Association	☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture	☐ Partnership	☐ Professional Corporation	☒ Other
☐ Corporation	☐ Limited Partnership	☐ Profesional Association									
☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture									
☐ Partnership	☐ Professional Corporation	☒ Other									
4 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____										
BUSINESS ASSOCIATION	NAME AND ADDRESS ☒ (Check If Filer's Home Address) Casa Roja Frio LLC [REDACTED] San Antonio, TX 78209										
BUSINESS TYPE	<table><tr><td>☐ Corporation</td><td>☐ Limited Partnership</td><td>☐ Profesional Association</td></tr><tr><td>☐ Firm</td><td>☐ Limited Liability Partnership</td><td>☐ Joint Venture</td></tr><tr><td>☐ Partnership</td><td>☐ Professional Corporation</td><td>☒ Other</td></tr></table>		☐ Corporation	☐ Limited Partnership	☐ Profesional Association	☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture	☐ Partnership	☐ Professional Corporation	☒ Other
☐ Corporation	☐ Limited Partnership	☐ Profesional Association									
☐ Firm	☐ Limited Liability Partnership	☐ Joint Venture									
☐ Partnership	☐ Professional Corporation	☒ Other									
HELD, ACQUIRED, OR SOLD BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____										

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570																
2 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check if Filer's Home Address) Law Office of Brian Powers [REDACTED] San Antonio, TX 78209																	
3 BUSINESS TYPE	Other Business Association																	
4 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____																	
5 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>Office furnishings</td><td>Less than \$11,120</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		DESCRIPTION	CATEGORY	Office furnishings	Less than \$11,120												
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Office furnishings	Less than \$11,120																	

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

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1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570																
2 BUSINESS ASSOCIATION	NAME AND ADDRESS ☒ (Check If Filer's Home Address) Casa Roja Frio LLC [REDACTED] San Antonio, TX 78209																	
3 BUSINESS TYPE	Other Business Association																	
4 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____																	
5 ASSETS	<table><thead><tr><th>DESCRIPTION</th><th>CATEGORY</th></tr></thead><tbody><tr><td>House, land, and furnishings</td><td>At least \$55,610 or more</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		DESCRIPTION	CATEGORY	House, land, and furnishings	At least \$55,610 or more												
DESCRIPTION	CATEGORY																	
House, land, and furnishings	At least \$55,610 or more																	

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion		FILER ID 00090570
2 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check if Filer's Home Address) Law Office of Brian Powers San Antonio, TX 78209		
3 BUSINESS TYPE	Other Business Association		
4 HELD, ACQUIRED, OR SOLD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____		
5 LIABILITIES	DESCRIPTION	CATEGORY	
	None	Less than \$11,120	

PART 11C

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

Version V4.1.0.cd93a486

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Powers, Meli Carrion	FILER ID 00090570
2 ORGANIZATION	Family Violence Prevention Services	
3 POSITION HELD	Board Member, Parliamentarian	
4 POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	

ORGANIZATION	Childsafe
POSITION HELD	Board Member MDT partner
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

**FORM PFS
COVER SHEET
PAGE 2**

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. *If you place a check in a box, do NOT include pages for that Part in the report.*

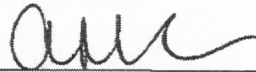
6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☒ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☐ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Angelica "Meli" Carrion Powers and my date of birth is [REDACTED]
My address is [REDACTED] San Antonio TX 78209 USA
(street) (city) (state) (zip code) (country)
Executed in Bexar County, State of TX, on the 6th day of Feb., 2026
(month) (year)



Signature of Registrant (Declarant)